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SECRETARY OF STATE



Paula K. Gordon
Paralegal

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@NixonPeabodyLLP

Nixon Peabody LLP
One Citizens Plaza, Suite 500
Providence, RI 02903-1345
401-454-1000

October 30, 2023

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

RE: On The Rhode Anesthesia Services, LLC

Dear Sir or Madam:

Enclosed please find a Notice of Withdrawal of Certificate of Authority for: **On The Rhode Anesthesia Services, LLC** along with a check in the amount of \$30 (\$25 filing fee and \$5 fee for certificate of status).

I have also enclosed a stamped, return envelope. **Please return a stamped copy of the Notice of Withdrawal and the Certificate of Status in the return envelope.**

Thank you for your kind attention to this matter. Please contact me at (401) 454-1169 should you have any questions or require additional information.

Sincerely,

Paula K. Gordon, Paralegal

Enclosure

cc: Meghan Hopkins, Esq.

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: On The Rhode Anesthesia Services, LLC

(Name of Foreign Limited Liability Company)

Dear Sir or Madam:

The enclosed withdrawal and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Paula Gordor

(Name of Person)

Nixon Peabody LLP

(Firm/Company)

One Citizens Plaza, Suite 500

(Address)

Providence, RI 02903

(City/State and Zip Code)

For further information concerning this matter, please call:

Paula Gordon

(Name of Person)

401

454-1169

at (

(Area Code & Daytime Telephone Number)

Mailing Address:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:

Registration Section:
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

Enclosed is a check for the following amount:

- | | | | |
|--|--|--|--|
| <input type="checkbox"/> \$25 Filing Fee | <input checked="" type="checkbox"/> \$30 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55 Filing Fee &
Certified Copy | <input type="checkbox"/> \$60 Filing Fee,
Certificate of Status &
Certified Copy |
|--|--|--|--|

NOTICE OF WITHDRAWAL OF CERTIFICATE OF AUTHORITY

On The Rhode Anesthesia Services, LLC

(Name of limited liability company)

Rhode Island

(Jurisdiction of its organization)

1/04/2023

(Date registered with Florida Department of State)

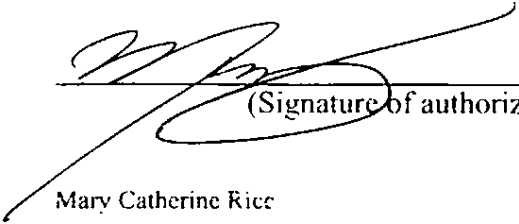
M23000000896

(Florida Document Number)

This limited liability company is withdrawing its certificate of authority in this state.

Effective Date, if other than the date of filing: _____ (optional)
(if an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.


(Signature of authorized representative)

Mary Catherine Rice

(Typed or printed name of signee)

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SECRETARY OF STATE
FLORIDA

Filing Fee: \$25.00